

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 0 — 0 1 0

2. STATE:

New Mexico

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

July 1, 2000

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

CFR 435.725, 435.733, & 435.832

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$ -0-

b. FFY 2001 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.6-A
pages 4, 4a, 4b, 4c, 5, 5a, and 26a
Supplement 12 page 19. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Attachment 2.6-A
pages 4 and 5

10. SUBJECT OF AMENDMENT:

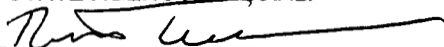
Post eligibility treatment of institutionalized individuals' income

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

Medicaid Director

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Robert T. Maruca

14. TITLE:

Director, Medical Assistance Division

15. DATE SUBMITTED:

September 27, 2000

16. RETURN TO:

Robert T. Maruca, Director
Medical Assistance Division
P.O. Box 2348
Santa Fe, New Mexico 87504-2348**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

October 4, 2000

18. DATE APPROVED:

December 14, 2000

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Calvin G. Eline

22. TITLE: Associate Regional Administrator
Division of Medicaid and State Operations

23. REMARKS:

State: New Mexico

Citation	Condition or Requirement
B. Posteligibility Treatment of Institutionalized Individuals' Incomes	
1. The following items are not considered in the posteligibility process:	
1902(o) of the Act	a. SSI and SSP benefits paid under §1611(e)(1)(E) and (G) of the Act to individuals who receive care in a hospital, nursing home, SNF, or ICF.
Bondi v Sullivan (SSI)	b. Austrian Reparation Payments (pension (reparation) payments made under §500 - 506 of the Austrian General Social Insurance Act). Applies only if State follows SSI program rules with respect to the payments.
1902(r)(1) of the Act	c. German Reparations Payments (reparation payments made by the Federal Republic of Germany).
105/206 of P. L. 100-383	d. Japanese and Aleutian Restitution Payments.
1. (a) of P.L. 103-286	e. Netherlands Reparation Payments based on Nazi, but not Japanese, persecution (during World War II).
10405 of P.L. 101-239	f. Payments from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In re Agent Orange product liability litigation, M.D.L. No. 381 (E.D.N.Y.)
6(h)(2) of P.L. 101-426	g. Radiation Exposure Compensation.
12005 of P. L. 103-66	h. VA pensions limited to \$90 per month under 38 U.S.C. 5503.

TN No. 00-10
Supersedes 93-04
TN No. _____

Approval Date 12-14-00 Effective Date 07-01-00

STATE	<u>New Mexico</u>
DATE RECD	<u>12-14-00</u>
DATE APPVD	<u>12-14-00</u>
DATE EFF	<u>07-01-00</u>
HCFA 129	<u>00-10</u>

A

State: New Mexico

Citation	Condition or Requirement
1924 of the Act 435.725 435.733 435.832	<p>2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:</p> <p>Personal Needs Allowance (PNA) of not less than \$30 For Individuals and \$60 For Couples For All Institutionalized Persons.</p> <p>a. Aged, blind, disabled: Individuals \$ <u>45</u> Couples \$ <u>90</u></p> <p>For the following persons with greater need:</p> <p>Supplement 12 to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p> <p>b. AFDC related: Children \$ <u> </u> Adults \$ <u> </u></p> <p>For the following persons with greater need:</p> <p>Supplement 12 to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p> <p>c. Individual under age 21 covered in the plan as specified in Item B. 7. of <u>Attachment 2.2 -A</u> \$ <u> </u></p>

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STATE	<u>New Mexico</u>	A
DATE REC'D	<u>12-04-00</u>	
DATE ARR'D	<u>12-14-00</u>	
DATE EFF	<u>07-01-00</u>	
HCFA 179	<u>00-10</u>	

Revision: HCFA-PM-97-2
December 1997

ATTACHMENT 2.6-A
Page 4b
OMB No.: 0938-0673

State: New Mexico

Citation

Condition or Requirement

For the following persons with greater need:

Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

1924 of the Act

3. In addition to the amounts under item 2., the following monthly amounts are deducted from the remaining income of an institutionalized individual with a community spouse:

a. The monthly income allowance for the community spouse, calculated using the formula in §1924(d)(2), is the amount by which the maintenance needs standard exceeds the community spouse's income. The maintenance needs standard cannot exceed the maximum prescribed in §1924(d)(3)(C). The maintenance needs standard consists of a poverty level component plus an excess shelter allowance.

The poverty level component is calculated using the applicable percentage (set out §1924(d)(3)(B) of the Act) of the official poverty level.

The poverty level component is calculated using a percentage greater than the applicable percentage, equal to _____%, of the official poverty level (still subject to maximum maintenance needs standard).

^x The maintenance needs standard for all community spouses is set at the maximum permitted by §1924(d)(3)(C).

Except that, when applicable, the State will set the community spouse's monthly income allowance at the amount by which exceptional maintenance needs, established at a fair hearing, exceed the community spouse's income, or at the amount of any court-ordered support.

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STATE	<u>New Mexico</u>	A
DATE REC'D	<u>10-04-00</u>	
DATE APVD	<u>12-14-00</u>	
DATE EIT	<u>07-01-00</u>	
DATE EIT	<u>00-17</u>	

State: New Mexico

Citation	Condition or Requirement
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In determining any excess shelter allowance, utility expenses are calculated using:

- ☒ the standard utility allowance under §5(e) of the Food Stamp Act of 1977; or
- ☐ the actual unreimbursable amount of the community spouse's utility expenses less any portion of such amount included in condominium or cooperative charges.

b. The monthly income allowance for other dependent family members living with the community spouse is:

- ☒ one-third of the amount by which the poverty level component (calculated under §1924(d)(3)(A)(i) of the Act, using the applicable percentage specified in §1924 (d)(3)(B)) exceeds the dependent family member's monthly income.

☐ a greater amount calculated as follows:

The following definition is used in lieu of the definition provided by the Secretary to determine the dependency of family members under §1924 (d)(1):

c. Amounts for health care expenses described below that are incurred by and for the institutionalized individual and are not subject to payments by a third party:

- (i) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments.
- (ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amounts are described in Supplement 3 to ATTACHMENT 2.6-A)

A			
STATE	DATE REC'D	DATE APP'D	DATE EFF
NEW MEXICO	12-14-00	12-14-00	07-01-00
HCFA 179			

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TN NO SUPERSEDES: NONE - NEW PAGE

Revision: HCFA-PM-97-2
December 1997

ATTACHMENT 2.6-A
Page 5
OMB No.: 0938-0673

State: New Mexico

Citation	Condition or Requirement
435.725	<p>4. In addition to any amounts deductible under the items above, the following monthly amounts are deducted from the remaining monthly income of an institutionalized individual or an institutionalized couple:</p> <p>a. An amount for the maintenance needs of each member of a family living in the institutionalized individual's home with no community spouse living in the home. The amount must be based on a reasonable assessment of need but must not exceed the higher of the:</p> <p><input checked="" type="checkbox"/> AFDC level; or <input type="checkbox"/> Medically needy level:</p> <p>(Check one)</p> <p><input checked="" type="checkbox"/> AFDC levels in Supplement 1 <input type="checkbox"/> Medically needy level in Supplement 1 <input type="checkbox"/> Other: \$ _____</p> <p>b. Amounts for health care expenses described below that have not been deducted under 3.c. above (i.e., for an institutionalized individual with a community spouse), are incurred by and for the institutionalized individual or institutionalized couple, and are not subject to the payment by a third party:</p> <p>(i) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments.</p> <p>(ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amount are described in Supplement 3 to ATTACHMENT 2.6-A.)</p>
435.733	
435.832	
435.725	<p>5. At the option of the State, as specified below, the following is deducted from any remaining monthly income of an institutionalized individual or an institutionalized couple:</p> <p>A monthly amount for the maintenance of the home of the individual or couple for not longer than 6 months if a physician has certified that the individual, or one member of the institutionalized couple, is likely to return to the home within that period:</p> <p><input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes (the applicable amount is shown on page 5a.)</p>
435.733	
435.832	

Handwritten: New Mexico

STATE	DATE REC'D	DATE APVD	DATE EFF	HCFA 179
	12-14-00	12-14-00	01-01-00	00-10

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TN No. 93-25

Approval Date 12-14-00

Effective Date 01-01-00

Revision: HCFA-PM-97-2
December 1997

ATTACHMENT 2.6-A
Page 5a
OMB No.: 0938-0673

State: New Mexico

Citation	Condition or Requirement
_____	Amount for maintenance of home is: \$ _____
_____	Amount for maintenance of home is the actual maintenance costs not to exceed \$ _____
_____	Amount for maintenance of home is deductible when countable income is determined under §1924(d)(1) of the Act only if the individuals' home and the community spouse's home are different.
_____	Amount for maintenance of home is not deductible when countable income is determined under §1924 (d)(1) of the Act.

STATE <u>New Mexico</u>	A
DATE REC'D <u>12-04-00</u>	
DATE APP'D <u>12-14-00</u>	
DATE EFF <u>07-01-00</u>	
HCFA 179 <u>00-10</u>	

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ATTACHMENT 2.6-A
Page 26a
OMB No.:0938-0673

State: New Mexico

Citation

Condition or Requirement

1924 of the Act

15. The agency complies with the provisions of §1924 with respect to income and resource eligibility and posteligibility determinations for individuals who are expected to be institutionalized for at least 30 consecutive days and who have a spouse living in the community.

When applying the formula used to determine the amount of resources in initial eligibility determinations, the State standard for community spouses is:

- ☐ the maximum standard permitted by law;
☐ the minimum standard permitted by law; or
☒ a standard that is an amount between the minimum and the maximum.

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HCFA 179	<u>00-10</u>	

Revision: HCFA-PM-97-2
December 1997

SUPPLEMENT 12 TO
ATTACHMENT 2.6-A
Page 1
OMB No.: 0938-0673

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Mexico

VARIATIONS FROM THE BASIC PERSONAL NEEDS ALLOWANCE

Up to the first \$100 of income received by an institutionalized recipient in an ICF-Mr from employment in a sheltered workshop or other work activity program may be allowed for personal needs, in addition to the \$45 from unearned income.

STATE	<u>New Mexico</u>	A
DATE REC'D	<u>12-14-00</u>	
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